Teams will use latest tools to investigate undiagnosed diseases

Bob Roehr WASHINGTON DC

Patients who have confounded doctors with signs and symptoms that elude diagnosis are to be offered the expertise of hundreds of doctors in a unique programme from the US National Institutes of Health.

"Physicians deal with about 6600 conditions and 6000 of them are quite rare. Even common diseases have many subtypes," the institutes' director Elias A Zerhouni said during a telephone news conference with reporters earlier this week. He said it was not surprising that many can go undiagnosed for years.

The programme aims to combine the revolution in tools and information at the molecular level with the expertise of the 1600 doctors at the NIH Clinical Center "to assist patients around the country and their doctors." It will add to the knowledge base by creating a phenotype atlas of disease.

"We are doing this now because of the advances that have been made over the last five years at the fundamental level. We have many more biologic markers, the significance of which is not always understood." Dr Zerhouni said that for the first time his organisation was going to apply these sophisticated laboratory tests to human diseases on a large scale.

Under the current system of research at the NIH Clinical Center, patients with challenging conditions "are triaged to a specific institute or protocol programme, and are assessed by one team," said John I Gallin, director of the centre. Participants in the new programme "will be assessed by a large spectrum of teams."

Candidate patients must be referred by a healthcare provider and will have to submit exhaustive medical records that will be reviewed by a multidisciplinary team of 25 senior doctors. Those who are accepted into the programme will travel to the centre for an evaluation, which is likely to take at least a week.

Details are available at http://rarediseases.info.nih.gov/Resources.aspx?PageID=31 and doctors and patients with specific inquiries within the US may call +1 866 444 8806.

ANDREW PARSONS/PA, ANDREW MILLIGAN/PA

Conservative MP Edward Leigh (left) opposed hybrid embryos, which Gordon Brown (right) supported

MPs vote to allow creation of "admixed" embryos in UK

Clare Dyer BMJ

Scientists will be allowed to create "admixed" human and animal embryos for research in the United Kingdom after MPs voted overwhelmingly in favour of the move this week.

MPs voted 336 to 176 against an amendment to the Human Fertilisation and Embryology Bill that would have banned the creation of such embryos.

A second amendment, to outlaw the use of so called true hybrids, which could contain as much as 50% animal matter, was defeated by 286 votes to 223.

Scientists want to be able to use admixed embryos because of the shortage of human eggs for research. The embryos will have to be destroyed after 14 days, but scientists hope the stem cells that can be harvested could lead to advances in the treatment of a range of illnesses, including Parkinson's, Alzheimer's, and motor neurone diseases.

The matter is one of three controversial provisions in the bill, introduced to bring the existing 1990 law up to date with technological advances. An attempt to ban the creation of genetically matched "saviour siblings" to provide tissue to cure a sick brother or sister was also defeated, by 342 to 163.

The third issue to raise strong feelings is a provision to abolish the current requirement for infertility treatment centres to consider a child's need for a father before agreeing to carry out treatment. As the *BMJ* went to press, the issue had not yet been debated and put to a vote.

"Pro-life" MPs are also using the bill to try to achieve a reduction in the current 24 weeks limit for abortion. Amendments providing for a range of lower limits, down to 12 weeks, were also still to be voted on when the *BMJ* went to press.

MPs were allowed a free vote on the four matters, and three government ministers who are Roman Catholics—Ruth Kelly, Des Browne, and Paul Murphy—voted against the use of human-animal embryos. The prime minister, Gordon Brown, who has a son with cystic fibrosis, and the Conservative leader, David Cameron, who has a disabled son, voted in favour.

Edward Leigh, the Conservative Catholic MP who led the opposition to the use of hybrid embryos, told the House of Commons that the move would cross an "entirely new ethical boundary" and turn the UK into a scientific "rogue state."

Sir Leszek Borysiewicz, chief executive of the Medical Research Council, said: "The MPs' clear support for stem cell research follows a rigorous and thorough public debate, which has helped to explore the issues involved. The public can have confidence in the tight regulations that govern embryo and stem cell research."

One in three want to see radical change in US health care

Advisers to John McCain (left) and Barack Obama (right) want to see comprehensive solutions

Bob Roehr WASHINGTON DC

The proportion of US citizens who want "radical change" in their healthcare system reached 36% Republican pollster Bill McInturff told a briefing in Washington DC last week. He has tracked the question since 1992 and has seen the response go as low as 22%. "Every time we have gotten into the mid 30s or higher we have had a huge debate about healthcare."

"Among the people who say they want radical change are small business owners [43%] and people who work at companies of less than 10 employees [48%]. That is important because much of the opposition to reform during the Clinton administration came from small business."

Mr McInturff told the meeting, which was sponsored by the journal *Health Affairs*, that there had been an underlying shift in attitude towards the role of government over the past 13 years.

In 1995, almost two thirds of US citizens said they wanted government to do less. But there has been "a gradual shift over the past decade so that a comfortable majority, 55%, say they want government to do more."

"I believe the extraordinary cost of our involvement in Iraq has led to a public anger over money that is being spent there that could be spent at home." McInturff said an economic dialogue over Iraq "was not plausible" in 2004 but has become so now.

Senior health policy advisers to the leading presidential candidates seemed to have studied the same polling data. They offered guarded and carefully phrased comments during their presentations to the conference.

"The way we are going to get to affordability and value is by a comprehensive solution," said Dr David Blumenthal, adviser to Democratic presidential candidate Barack Obama, "One of the encouraging things to me is that both sides of the aisle are taking the political issue seriously, and the value issue seriously."

"The cost of care itself is the central issue, and the fact that [the high cost] doesn't seem to come with commensurate increases in the quality of outcomes," said Douglas Holtz-Eakin, adviser to the Republican candidate John McCain. He said the goal was comprehensive reform "that moves us away from fragmented fee for service medicine that is so common in America, that rewards prevention, and has better care of chronic diseases, which are 70% of our healthcare costs."

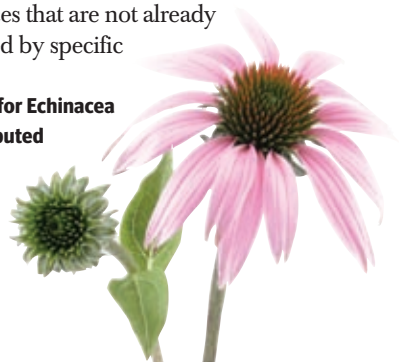
New law bans selling of products with false health claims

Rory Watson BRUSSELS

Consumers in the United Kingdom are to receive stronger legal safeguards against products that claim, without any identifiable scientific evidence, to provide physical and mental health benefits such as tackling obesity or depression.

The protection will be provided by the consumer protection regulations that come into force on 26 May, which implement new pan-European rules on unfair commercial practices.

The scope of the legislation is deliberately wide and is the biggest shake up in consumer law for decades. It targets any unfair selling to consumers by any business. It is designed to be a safety net to catch dubious commercial practices that are not already covered by specific laws. It will cover any items—such as pills, drinks, or creams—that claim to have beneficial health effects, like losing weight, which do not fall under existing national and European medicines legislation.



Claims for Echinacea are disputed

"If a trader cannot prove scientifically that the product works, this will be treated as an unfair commercial practice to the detriment of the consumer. It can cover products that claim to give you energy, improve your concentration, diminish depression, or strengthen your physical and mental wellbeing," said one lawyer.

The consumer affairs minister, Gareth Thomas, has said, "Consumers have the right to be treated honestly and fairly whether shopping on the high street, at home through a catalogue, or online."

The measures contain a black list of unfair commercial practices, ranging from bogus closing down sales to aggressive doorstep selling, which are banned outright.

One of the forbidden practices is making false health claims. It will be illegal to maintain "that a product is able to cure illnesses, dysfunction, or malformations" if this is untrue. This provision, for instance, would prevent traders from erroneously claiming that a certain item could cure allergies when it can't.

Walk-in clinics at US retail outlets run

Fred Charatan FLORIDA

A boom in walk-in health clinics located within large retail stores, supermarkets, and pharmacies is showing signs of slowing.

CVS Caremark Corporation, the giant pharmacy chain that pioneered walk-in facilities called MinuteClinics in 2000, and which now has 500 such centres, has reduced its expansion plans for this year from 200 to 100 new clinics. It also plans to close some MinuteClinics that are not in CVS pharmacies.

Merchant Medicine LLC, an industry consultant, said that the number of walk-in clinics was still growing during March but at a greatly reduced rate. The number of walk-in clinics nationwide was 948 at the end of March, but had only increased by 15, to 963, by the end of April.

Twenty-six new clinics had been opened by three chains: MinuteClinics (10), TakeCare (11), and Little Clinic (five), but a chain called Wellspot closed the doors of its 11 clinics in Alabama, South Carolina, and Tennessee.

34 000 die in Chinese quake—but authorities say major disease outbreak has been avoided

Jane Parry HONG KONG

Thousands of healthcare workers from across China have been deployed in Sichuan province in a bid to treat injuries and help prevent epidemics of infectious disease in survivors of the magnitude 8.0 earthquake that struck on May 12.

The official death toll on Sunday May 18 was 34 073. More than 245 000 people were reported injured and 52 934 had been admitted to hospital. The Ministry of Health reported that it had dispatched 5850 medical staff to affected townships and that two 400 bed field hospitals had been set up in isolated areas.

In contrast to military junta rulers in Burma (also known as Myanmar), the Chinese government has welcomed overseas assistance. Donations from overseas topped the $860m (£441m; €554m) mark within a week of the earthquake, and non-governmental organisations such as the World Health Organization and the Red Cross are working closely with the Chinese authorities to coordinate relief activities.

"We have been very involved from the beginning and the Chinese government welcomed all support from the United Nations organisations including WHO, except to places where there is limited access," said Dr Arturo Pesigan, technical officer, emergency and humanitarian action, in WHO's Western Pacific region office, which covers China. "We are now working on meeting the requests for emergency medical help and supplies, particularly specialised testing equipment and wound care supplies."

At least 39 doctors, nurses, and allied health professionals from Hong Kong have gone to the region through the Hong Kong Red Cross, other non-governmental organisations, or as part of two Hong Kong hospital authority teams comprising 19 volunteers sent to the West China Hospital in the provincial capital Chengdu.

A week after the earthquake there was no sign of mass outbreaks of infectious disease in the quake area or among the hundreds of thousands of displaced people who have been moved to safety and housed in stadiums and other open spaces. China's Ministry of Health sent 646 doctors and other health professionals to work on disease prevention and 350 tonnes of disease prevention supplies are being shipped to the area.

"Our people in the field report that there are more and more medical and environmental hygiene personnel flocking to the area and it seems there are sufficient people to handle the affected population," said Wilson Wong Mok-fai, deputy secretary general of the Hong Kong Red Cross.

Getting adequate supplies of clean water and food and restoring sanitation are crucial, said Dr Pesigan. "So far we haven't seen any reports of disease problems and most of the interventions necessary to avoid disease epidemics are being undertaken. The immunisation rate in that area is reportedly high so the risk from immunisable disease may not be of so much concern as the risk of waterborne diarrhoeal diseases and infections associated with over crowding."

KYODO NEWS/AP/PA

The Chinese Ministry of Health has despatched 5850 medical staff to affected towns

into problems because of slow return on investment

Earlier this year, CheckUps, a New York clinic operator, abruptly closed 23 clinics that it operated inside Wal-Marts in Florida, Mississippi, Alabama, and Louisiana. Wal-Mart did not replace any of these clinics, nor did it, or another retailer Target, open any new ones.

Walk-in clinics took off in the US because they are seen as an alternative to the family doctor, of whom there is a serious shortage (*BMJ* 2008;336:350). A visit to a walk-in clinic also tends to cost less, because they are mostly staffed by nurse practitioners who can write prescriptions and treat minor ailments, rather than doctors. The cost of a visit is normally covered by a patient's insurance.

Tom Charland, the owner of Merchant Medicine LLC, and former vice president for strategy at MinuteClinic, said, "The big mistake was for people [setting up such clinics] to think they could reach break even in 6 months. People are learning this is an 18-24 month process to get to break even."

Company spokesman for CheckUps William Armstrong said, "You have to have a critical mass of stores seeing a high number of patients to get somewhere...new clinics need to spend a lot of money on marketing to build public awareness."

Tina Galasso, an analyst who follows the retail clinic industry for Verispan LLC, said that the cost of setting up an in-store clinic runs at about $500 000 (£256 000; €325 000). That is why most walk-in clinics are joint ventures between clinic owners and deep pocketed retail superstores or established hospitals.

GMC asks doctors to take greater care over consent after

Andrew Cole LONDON

The General Medical Council calls on doctors to rethink their approach to discussing medical problems with their patients in its guidance on obtaining consent to treatment, published this week.

The guidance, which replaces previous advice published in 1998, follows changes in legislation such as the Mental Capacity Act 2005 and the Adults with Incapacity (Scotland) Act 2000, as well as developments in case law.

The advice, which comes into effect on 2 June, tackles in detail questions such as discussing risk, advance care planning, and what to do when a patient's mental capacity is impaired or fluctuating.

The guidance says doctors "must not assume that because a patient lacks capacity to make a decision on a particular occasion, they lack capacity to make any decisions at all, or will not be able to make similar decisions in the future."

They should also take "all reasonable steps to plan for foreseeable changes in a patient's capacity to make decisions" and consider the extra support needed by patients with dementia and learning disabilities.

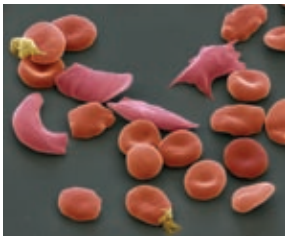
The guidance says doctors must tell patients if a particular treatment might have a serious adverse outcome "even if the likelihood is very small." Patients should also be warned about less serious side effects or complications if they are common.

Doctors should never withhold information necessary for making decisions for any reason—including when a relative, friend, or partner

Enquiry shows poor care for patients with sickle cell disease

Susan Mayor LONDON

UK sickle cell specialists are calling for a database of patients with sickle cell disease and thalassaemia to be set up after the first national survey of deaths caused by these conditions showed that many patients did not receive care based on best practice.



EYE OF SCIENCE/SPL

Nine patients who died had been given excessive opioids

Cause of death also needs to be better evaluated, as the results showed an unexpectedly high number of cases where the precise cause of death was unknown.

The enquiry, coordinated by the National Confidential Enquiry into Patient Outcome and Death (NCEPOD), asked all hospitals and primary care trusts in the United Kingdom to provide information, including case notes, for patients who had died from haemoglobinopathies over a two year period from 1 January 2005 to 31 December 2006.

Expert reviewers assessed the ongoing care of 55 patients and the final episode of care for 41 patients for whom full notes were provided, from the total of 81 deaths reported. These patients ranged in age from one year to 77 years, with six patients being children under 16. More than two thirds of the deaths occurred in hospital.

The causes of death for the 40 adults with sickle cell disease were typical for the condition—seven deaths were caused by stroke and three by multiorgan failure. The cause of death, however, was unknown for 11 patients.

David Mason, consultant anaesthetist at the John Radcliffe Hospital, Oxford, a clinical coordinator with NCEPOD and coauthor of the enquiry report, said, "The results highlighted that haemoglobinopathies are complex and complicated diseases. We found a surprisingly high number of cases where we did not know the actual cause of death."

To improve information on the conditions, the expert panel has recommended setting up a national database of patients with sickle cell disease and thalassaemia. This would provide a framework for systematic collection of clinical and outcome data, to allow audit of patient outcomes and treatments.

The reviewers considered that care during the final clinical episode before death followed good practice in fewer than half of the patients (17/41). They identified room for improvement in the clinical care provided to just over a third of patients (14/41) and considered that several aspects of clinical or organisational care were unsatisfactory in a sixth of cases (7/41).

One of the major problems was that patients with sickle cell anaemia who became acutely ill and were admitted to hospital were often not cared for by sufficiently experienced medical staff.

The inquiry highlighted a particular need to improve the monitoring of patients with sickle cell disease who are given powerful analgesics, such as opioids, to avoid overdose and respiratory failure. Acute episodes of severe pain are common in sickle cell disease. Nine of the 19 patients with sickle cell disease who had pain on admission and who then died had been given excessive doses of opioids.

A Sickle Crisis? is available at www.ncepod.org.uk

Outcomes from Sudan hospital match the best Western centres

Fabio Turone MILAN

A specialist cardiac hospital on the outskirts of Khartoum in Sudan has become a beacon of excellence for Africa, with outcomes that at least match and sometimes better similar centres in Europe and the United Sates.

The Salam Centre for Cardiac Surgery was set up by the Italian medical relief agency Emergency with some funding from the Sudanese government.

Since it opened its doors in April 2007 more than 7500 patients from 11 African countries have been seen by the centre's doctors, and many of them have benefited from surgery previously unavailable in the region.

The principles that underpin the hospital—equality, quality, and social responsibility—are a blueprint for new health systems for Africa based on human rights and medical excellence, said Gino Strada, an Italian surgeon and head of Emergency. He was speaking at an international conference in Venice on developing health services in Africa, which

The Salam Centre for Cardiac Surgery opened its doors in 2007

introduction of Mental Capacity Act 2005

requests it—"unless you believe that giving it would cause the patient serious harm."

A patient's decision to refuse treatment should be respected "even if you think their decision is wrong or irrational." Equally, doctors are not obliged to provide treatment they do not believe will benefit the patient.

Consent for any serious treatment or investigation should be in writing, says the guidance, but oral or implied consent is acceptable for more minor or routine treatments.

The booklet marked a "shift in emphasis" towards a genuine partnership between doctor and patient, said GMC president Graeme Catto. "Consent isn't something that should be done to patients. Consent is within the gift of the patient."

Neil Hunt, chief executive of the Alzheimer's Society, which was closely involved in drawing up the new advice, said a diagnosis of dementia did not mean someone could no longer make decisions for themselves. "It is crucial to assume people with dementia have capacity, even though this may fluctuate over time."

Consent: patients and doctors making decisions together **is available at www.gmc-uk.org**

JONATHAN EVANS

GMC used a play to explore issues around consent

was attended by representatives from health authorities of several African countries.

"Assuring the same quality of care as in the top centres for cardiac surgery in the world, totally free of charge: that's a revolutionary idea, that will be an example for the whole African continent," said Professor Lucio Parenzan, pioneer of Italian paediatric cardiac surgery and director of the International Heart School in Bergamo. "Visiting the Salam centre in Khartoum was a unique experience for me, an important lesson on both technical and ethical grounds".

An audit of the hospital's first year activity shows that 7633 outpatients were seen between March 2007 and April 2008, including 3905 cardiac patients, said Enrico Donegani, a cardiac surgeon at the Ospedale Maggiore, the University Hospital in Novara, northern Italy. Dr Donegani performed the first open heart surgery at the Salam centre in April 2007 on a 14 year old girl who needed a valve replacement because of rheumatic fever.

Patients from 11 countries—Sudan, Central African Republic, Congo, Eritrea, Ethiopia, Kenya, Rwanda, Sierra Leone, Tanzania, Uganda, and Zambia—were first screened in their country by a team of specialists sent in by Emergency. Altogether 774 patients were admitted for cardiac procedures or surgery at the Salam centre.

Outcome data show a preoperative mortality rate at the hospital of 1.9% (15 deaths out of 774 patients), a 30 day mortality rate of 2.1% (11 deaths out of 525 operations), and a late mortality rate of 2.9% (some of the 514 patients were lost to follow-up).

The Salam centre was built to the highest technical standards. It includes one of the biggest solar panel fields in the world to meet the hospital's energy requirements and an air filtering system that is capable of dealing with the region's frequent sand storms.

"We wanted to build a beautiful and hospitable place, without any waste of money," explained the architect Raul Pantaleo. "The final cost was around one third of that of a comparable hospital in Europe."

Many of the African health officials expressed enthusiasm for what has been achieved.

"Our model now shows that providing excellent surgical care in Africa free for patients is possible," said Dr Strada. "Excellence generates resources. It sets models, increases knowledge, allows the design of effective systems, attracts competent and motivated staff and, finally, attracts donors."

COURTESY OF EMERGENCY

Electronic records may not be available in hospitals until 2015

Michael Cross LONDON

Creating all electronic health records—the centrepiece of the £12bn (€15bn; $23bn) scheme to computerise the NHS in England—has been a challenge "far greater than expected," the latest study of the world's largest civil information technology programme reported last week.

In its second study of the National Programme for IT in the NHS, the National Audit Office concluded that software procured to create detailed electronic health records in secondary care may not be available until 2015, five years behind schedule.

The prediction will provide ammunition to critics calling for changes to the six year old project's management.

Chaand Nagpaul, the BMA's GP negotiator with responsibility for information technology, said that slipping deadlines and the "premature release of systems that are not fit for purpose" has left many doctors "thoroughly disillusioned."

The audit office's report, the text of which was agreed with the Department of Health, is more forthright than its 2006 predecessor (*BMJ* 2006;333:3-4).

Although agreeing that many core systems had been installed on schedule, and that the programme's overall cost is on target, it found that the implementation of centrally procured software for electronic care records has run late. Development of the "Lorenzo" standard system picked for all of England north of the Severn estuary and London "has taken much longer than originally planned."

National Audit Office, London, 2008. The National Programme for IT in the NHS: Progress since 2006 is at www.nao.gov.uk

IN BRIEF

NHS to improve facilities for dying patients: A £1m (€1.26m; $1.95m) programme funded by the Department of Health and led by the King's Fund will look at ways to improve how the NHS deals with dying patients and their families. Nurse-led teams in 19 NHS trusts and one prison will undertake a range of projects including having new palliative care beds and dedicated bereavement suites.

MSF makes research accessible in developing countries: Médecins Sans Frontières has launched a website of published research that is based on its medical work. The 350 items of research are available free, and were originally published in journals such as the *BMJ*. They outline examples of the organisation's work in treating people infected with HIV using antiretroviral drugs, and treating people with malaria using treatments containing artemisinin. (See www.fieldresearch.msf.org).

Canadian authority approves "over the counter" sale of emergency contraception: Canada's National Association of Pharmacy Regulatory Authorities has ruled that levonorgestrel (Plan B), the "morning after pill," should move from "behind the counter" status, where sale required consultation with a pharmacist, to "over the counter" status, requiring no consultation.

Institute issues new guidelines on regenerative medicine: The British Standards Institute has issued guidelines on the terminology used in regenerative medicine to help ensure shared understanding of the definitions of terms such as "tissue bank" and "cell authenticity." It hopes this will enable the commercialisation of the new technology to take place more efficiently and safely. *PAS 84, Regenerative Medicine—Glossary* is available at www.bsigroup.com

Israeli doctors urge new name for syndrome: Doctors in Israel have urged that the term Reiter's syndrome—combining arthritis, urethritis, and conjunctivitis—be replaced by "reactive arthritis" because it was named after a Nazi doctor who was responsible for involuntary sterilisation, euthanasia, and injection of concentration camp inmates with typhus during the holocaust. The disease was first described by British surgeon Sir Benjamin Brodie in 1818; German Dr Hans Reiter, who wrote about it a century later, wrongly attributed it to insect transmission.

Kenyan clerics decide to fight against use of condoms

Peter Moszynski LONDON

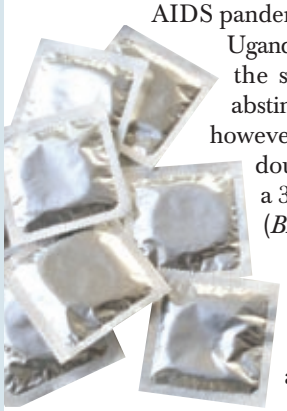
A decision by Muslim clerics in northern Kenya to campaign against the use of condoms has caused alarm among AIDS awareness campaigners who are concerned that abstinence only messages are failing to prevent increasing HIV prevalence rates in Africa.

Earlier this month the clerics held a meeting on Islam and Health in Garissa, capital of Kenya's northeastern province, an area largely inhabited by ethnic Somalis, in which they agreed to preach against the advocacy of condoms in the fight against AIDS.

"A lot of money is being wasted to poison our community… a huge amount of money is spent on buying condoms, buying immorality," Sheikh Mohamud Ali, of Garissa district, told the United Nations' news service IRIN/PlusNews.

Two years ago Kenya's first lady, Lucy Kibaki, caused outrage among campaigners when she stated: "This gadget called the condom … is causing the spread of AIDS in this country."

Mrs Kibaki, who chairs the organisation of the 40 African First Ladies, joined with Ugandan first lady, Janet Musevi, in calling for abstinence as the only way to stop the AIDS pandemic in Africa.



Uganda's claims to have reduced the spread of HIV through abstinence only campaigning, however, have been thrown into doubt with figures showing a 30% rise in AIDS fatalities (*BMJ* 2008;336:1036).

The clerics decided to actively preach against the use and public promotion of condoms as a strategy to contain the pandemic and prevent pregnancy. They also agreed to oppose the distribution of condoms in villages and educational institutions across the northeast.

"We are not opposed to the Ministry of Health's campaigns to fight HIV/AIDS, but we are concerned that they are using the wrong way, which is not acceptable to our tradition and religion," Ali said. "We cannot use the same means to fight these problems all over the country, and we must be involved in the campaigns."

They said the best way for young people to avoid HIV was through the observance of Islamic teachings such as fasting, regular prayer, and shunning extramarital affairs. They advised men to avoid looking at women, who should dress modestly.

Health workers are concerned that this latest decision will further damage anti-AIDS efforts in the region.

Provincial Medical Officer Dr Osman Warfa, who attended the meeting, said condoms were critical to the fight against the pandemic: "It will certainly give some youths an excuse to avoid the use of condoms, and this will endanger many of them."

Gill Greer, director general of the International Planned Parenthood Federation, told the *BMJ*: "The abstinence only approach to HIV prevention was invented by social conservatives in the United States and exported to Africa through the Bush Administration's HIV prevention programmes. It is a tragedy that at a time when abstinence only has been thoroughly discredited in the United States, some political and religious leaders in Africa continue to stigmatise condom use. All the evidence shows that a comprehensive approach to HIV prevention is needed, and a critical part of that is the promotion of condom use."

Retrial ordered over murder of Australian

Melissa Sweet SYDNEY

The High Court of Australia has ordered a retrial of deregistered psychiatrist Jean Eric Gassy, and quashed his 2004 conviction for the murder of a former colleague, Margaret Tobin (*BMJ* 2004;329:759, 2 October).

Dr Tobin, who was director of mental health for South Australia, was shot four times on 14 October 2002, as she left a lift, returning from lunch to her office in central Adelaide.

The High Court, by a majority of 3-2, held that a direction to a deadlocked jury by the trial judge, Justice Ann Vanstone, was not sufficiently balanced, and resulted in a "substantial miscarriage of justice," requiring a new trial.

In October 2004, Justice Vanstone sentenced Mr Gassy to life imprisonment, with a non-parole period of 34 years. The prosecution had alleged that Mr Gassy shot Dr Tobin because of resentment and anger over her

Professor Hasan Mansur, president of the People's Union of Civil liberties Karnataka (left) and playwright Dr Girish Karnad, distribute English and Kannada booklets for the campaign

Activists step up campaign for doctor imprisoned for a year without trial

Ganapati Mudur NEW DELHI

An international campaign for the release of an Indian paediatrician jailed for more than a year in the central Indian state of Chhattisgarh has gained momentum, but doctors in India believe the movement needs to intensify its efforts.

The state government arrested Binayak Sen on 14 May 2007, applying anti-terrorist laws and accusing him of helping an unlawful organisation and smuggling letters from an imprisoned Maoist leader (*BMJ* 2007;334:1184).

Public health professionals and human rights organisations worldwide have issued joint appeals seeking Dr Sen's release and calling for a speedy, fair trial. Twenty two Nobel laureates wrote to the federal and state governments of India earlier this month, requesting that while the judicial process moves forward, the doctor be freed "to continue his important medical work."

The Global Health Council, an alliance of public health organisations, has awarded Dr Sen the 2008 Jonathan Mann award for global health and human rights.

"We're only asking that Sen be treated with dignity and be given a fair trial," said George Chandy, professor of gastroenterology at the Christian Medical College in the southern town of Vellore where Sen had studied medicine and paediatrics.

"We've been citing Sen's work to our students, hoping it inspires young graduates to go and work for the needy," Dr Chandy told the *BMJ*. "We believe he's inspired a number of young people who're serving in rural areas."

Dr Sen had been urging the Chhattisgarh government to respect human rights in its campaign against armed Maoists called naxalites, highlighting human rights violations.

"Sen appears to be a victim of the Chhattisgarh government's attempt to silence those who criticise its policies," said Brad Adams, Asia director of Human Rights Watch.

Alliance aims to increase access to essential medicine

Peter Moszynski LONDON

A new initiative to help increase access to essential drugs in developing countries was launched last week by development secretary Douglas Alexander.

The Medicines Transparency Alliance (MeTA) brings together various international institutions—including the World Health Organization and World Bank—governments, civil society, and business to tackle problems with drug supplies, quality, and affordability and thus "improve the health of some of the world's most disadvantaged people."

The Department for International Development (DfID) stated: "One in three people around the world still don't have access to the basic medicines they need to fight illness and ten million children die each year for want of cheap and effective drugs."

It believes that up to a third of medicines on the market in developing countries are fakes, quoting a recent study by the American Enterprise Institute, which found that a third of malaria drugs sold in six African cities either did not contain high enough levels of active ingredient or did not dissolve properly.

At the launch, Mr Alexander said: "Too many people die needlessly because they can't get the medicines they need. There are currently two billion people around the world who do not have access to affordable medical services. A lot of medicines are not affordable, they are of poor quality, or they are simply not available.

"The problems of price, quality and availability can be tackled by improving transparency and access to information. MeTA will provide citizens, health care workers, and others with information to challenge corruption, excessive pricing, and waste."

See www.medicinestransparency.org

mental health director by deregistered psychiatrist

part in initiating a process during the 1990s that led to his deregistration as a medical practitioner, while both were working in Sydney.

The High Court's Justice Michael Kirby said in his judgment upholding Mr Gassy's appeal that the prosecution had "built a very strong case." He also cited evidence of earlier activities by Mr Gassy, suggesting that he harboured a "sinister animus" towards Dr Tobin.

However, the prosecution's "powerful" case and the major expense and inconvenience of a retrial had to be balanced against the important principle "of judicial impartiality and neutrality," Justice Kirby said.

"In the end, this case stands for the principle that, particularly in circumstances of jury disagreement after a long trial, the trial judge must balance 'ways forward' that lead to conviction with a reminder of those that lead to the opposite outcome," he said.

MICHAEL MILNES/NEWSPIX

DARREN SEILER/NEWSPIX

Jean Eric Gassy (left) and Dr Margaret Tobin (right)